

672

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Globe - Ariz. County Gila Co. No..... St.....
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>girl</u>			

DATE OF BIRTH* Aug. 23 1913
(Month) (Day) (Year)

FULL NAME Jerry William Ellis
FATHER

FULL MAIDEN NAME Martha Lovica Young
MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Hattie Lee Ellis
(Give name in full)* (Surname)

Martha Lovica Ellis
(Parent's Signature)

Charles P. Sturgeon M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

852-823-487